

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Humanity Forward Fund		FEC IDENTIFICATION NUMBER ▼ C C00712497	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Cohen, Lawrence, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 16 / 2020	
Mailing Address 12006 Hammack Street, Apt. C		Amount 411.38	
City Culver City	State CA	Zip Code 90230	Transaction ID : PDT.E.39
Purpose of Expenditure Online Ads	Category/ Type	24E	Date of Disbursement or Obligation MM / DD / YYYY 01 / 16 / 2020
Name of Federal Candidate Yang, Andrew, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		69496.99	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Cohen, Seth Adam, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 16 / 2020	
Mailing Address 1740 Winona Blvd., #308		Amount 2262.43	
City Los Angeles	State CA	Zip Code 90027	Transaction ID : PDT.E.26
Purpose of Expenditure Brochures and Postcards	Category/ Type	24E	Date of Disbursement or Obligation MM / DD / YYYY 01 / 16 / 2020
Name of Federal Candidate Yang, Andrew, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		69496.99	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2673.81
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deane, Shawnda, , ,

[Electronically Filed]

Date

MM / DD / YYYY
01 / 17 / 2020

Signature

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Humanity Forward Fund		FEC IDENTIFICATION NUMBER ▼ C C00712497	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Cohen, Seth Adam, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 16 / 2020	
Mailing Address 1740 Winona Blvd., #308		Amount 322.59	
City Los Angeles	State CA	Zip Code 90027	Transaction ID : PDT.E.27
Purpose of Expenditure Brochures and Postcards	Category/Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 01 / 16 / 2020	
Name of Federal Candidate Yang, Andrew, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 69496.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	322.59
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	2996.40

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Deane, Shawnda, , ,***[Electronically Filed]**

Date

MM / DD / YYYY
01 / 17 / 2020

Signature